Effective October 1, 2001									3-49	2	661	9605
		CLAIMS A	S FILED -			mn 2)	SMAI		YTITY	OR	OTHER	
TOTAL CLAIMS			32				RA	RATE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE		370.00	ОЯ	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			32_minus 20=		·15-		X\$ 9=			OR	X\$18=	216
IND	EPENDENT CI	/ minus 3 =				X42=			OR	X84=	84	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				-14	+140=		OR	+280=	O.F.
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TO			OR		10 Le
LAIN CLAIMS AS AMENDED - PART II										JON	OTHER	
(Column 1) (Column 2) (Column 3)							SM	ALL I	ENTITY	OR	SMALL	
AMENDMENTA ,		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	. FA	īΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
3	Total	. 21	Minus	••	29	•	XS	9=		OR	X\$18=	
AME	Independent	• 7	Minus	***	4	-	X4:	2=		OR	X84=	
	FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDEN	T CLAIM		+14	0=.		OR	+280=	
	lande.					<u>.</u>		TAL		OR	TOTAL	
2	122/06	(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	FEE		,	ADOIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	LEST BER OUSLY FOR	PRESENT EXTRA	RA	ΠE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 21	Minus	-3-	<u> </u>	- 1	XS	9=	1	OR	X\$18=	/
	Independent	NTATION OF M	Minus	PENDEN	CO AIM	•·/_	X4:):=		OR	X84=	• 7
	rino! r neoc	ANTAION OF M	OLI IF CE DEI	·	COM		+14	0=		OR	+280=	
							ADDIT.)TAL FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	EST IBÉR OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	•	Minus	**		e	X\$	9=		OR	X\$18=	
	Independent	٠	Minus .	***		-	X42	,			X84=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	f the entry in colu	rme t is less than I	the entry in col	uma 2 waiti	e 70° in co	kuma 3	+14			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."]	OR	TOTAL ADDIT. FEE	
		umber Previously F mber Previously Pa							ropriete ba		•	

Application or Docket Number